

ORIGINAL

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

Docket No.

01-0546

ICC Office Use Only

America's Digital Satellite Telephone

Application for a certificate of
interexchange authority to operate
as a reseller of telecommunications
services throughout the State of Illinois.

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

ILLINOIS COMMERCE COMMISSION
Aug 13 10 57 AM '01
CHIEF CLERK'S OFFICE

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # 88-0462302

America's Digital Satellite Telephone ("ADST" or "Applicant")

Address: Street 3750 South Jones Blvd.

City Las Vegas State/Zip NV 89103

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange
☒ 13-404 Resale of Local and/or Interexchange
☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers
☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
☐ Section 735.180 Directories
☐ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

Questions 4(a) through (d) do not apply to Applicant.

5. In what area of the state does the Applicant propose to provide service?

Applicant intends to provide service throughout the State of Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

See Exhibit A.

7. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed February 3, 2000
In what state? Nevada
☐ Other (Specify) _____

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See Exhibit B.

9. List jurisdictions in which Applicant is offering service(s).

None

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

____ YES X NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES X NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____ YES X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

See Exhibit C.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See Exhibit D (managerial resources) and Exhibit E (technical resources).

15. List officers of Applicant.

Damian Cipriani, President _____

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES X NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

ADST will bill its customers *via* the billing mechanisms of the relevant LEC. Applicant will bill customers on a monthly basis. The statement will be detailed to conform to existing rules of the ICC and FCC, where applicable.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customer Service Representatives (CSR) will be available to handle service, billing, and repair complaints via a toll free number. If the CSR is unable to resolve the complaint to the customer's satisfaction, the customer will be escalated to the CSR supervisor on duty. If the CSR supervisor is unable to resolve the issue, the supervisor will pass the customer to the department manager. If the department manager is unable to resolve the problem, the customer will be informed that it may seek assistance from the Illinois Commerce Commission. Additionally, the department manager will give details of the complaint to the president of the company for final resolution, if possible.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

(866) 531-8083 (toll-free)

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

When the Applicant provides end user services, it will comply with Illinois law and the FCC's regulations regarding how interexchange carriers may change a consumer's primary interexchange carrier. Applicant will also comply with the FCC's regulation regarding how carriers may change a consumer's primary local exchange provider.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

☐ YES ☐ NO (If no, please provide an explanation.)

Question 23 is not applicable to Applicant.

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See Exhibit F.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ____ YES X NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

Applicant does not currently own any telecommunications facilities in Illinois.

If NO, which facility provider(s)'s services does the Applicant intend to use?

Qwest

27. Please describe the nature of service to be provided (c.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Applicant plans to provide resold intrastate interexchange telecommunications services to both residential and business customers throughout Illinois.

28. Will technical personnel be available at all times to assist customers with service problems?

 X YES ____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ____ YES ____ NO

Applicant does not intend to provide payphone service at this time.

America's Digital Satellite Telephone



Damian Cipriani
President

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VERIFICATION

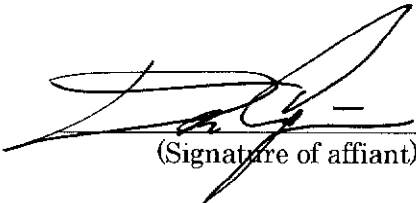
This application shall be verified under oath.

OATH

State of Georgia)
County of Fulton)ss

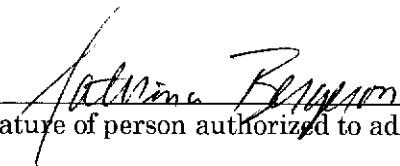
Damian Cipriani makes oath and says that he is President
of America's Digital Satelite Telephone

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Caterina Bergeron
(Title of person authorized to administer oaths)

in the State and County above named, this 27 day of June, 2005


(Signature of person authorized to administer oath)

